2006 & 2007 Tobacco Control Work Plan

Collaborating to reduce tobacco use for a healthier Vermont

Department of Health • Department of Education • Department of Liquor Control • Tobacco Evaluation & Review Board

Vermont Tobacco Control Program

Program Goals

- Reduce the prevalence of smoking among Vermont youth from a rate of 31 percent in 1999 to a rate of 15 percent in 2010
- Reduce the prevalence of smoking among Vermont adults from a rate of 22 percent in 2000 to a rate of 11 percent in 2010
- Reduce the exposure of all Vermonters to secondhand smoke

Program Structure

Department of Health – http://healthvermont.gov

Community Tobacco Coalitions
19 tobacco coalition grantees

Help for Smokers to Quit
Vermont Quit Line – Free phone counseling by American Cancer Society
Ready, Set…STOP – Local group and individual counseling at all hospitals
VermontQuitNet.com – Free online support
QuitBucks™ – Coupons for free or discounted nicotine replacement medications
Not-On-Tobacco – Teen smoking cessation by American Lung Association
Statewide Training Programs – Vermont State Dental Society

Media and Public Education
Contractor – Kelliher Samets Volk
Campaigns – Youth prevention, cessation promotion, secondhand smoke

Youth Empowerment
74 middle and high school-age anti-tobacco groups, funded by CDC
www.OVX.org and www.8outof10.com

Surveillance and Evaluation
Surveys – Routinely conduct general health surveys and tobacco-specific surveys of youth and adults
Program Performance Data – Collect from all grantees and contractors

Department of Education – www.state.vt.us/educ

Tobacco Use Prevention Program
School Districts – Grants for prevention curricula, No-Tobacco Policy and common theme campaigns
Program Performance Data – Collect from all grantees

Department of Liquor Control – www.state.vt.us/dlc

Retailer Training and Compliance Checks
Training – Seminars for retail managers and clerks
Compliance – Checks on randomly selected tobacco licensees
Data – Maintain training and compliance databases to monitor results

Tobacco Evaluation & Review Board – www.ahs.state.vt.us/TobaccoBoard

Independent Evaluation
External Evaluation – Select contractor, RTI, and oversee evaluation
Annual Report – Report of program progress and areas for improvement
Media – Jointly review and approve all campaigns with the Department of Health
Public Hearings – Annual regional meetings for input on program and budget
Program Budget – Annual recommendation to governor and legislature
Coalition Grant Applications – Review, score, advise Commissioner of Health
Annual Work Plan – Develop collaborative program plan with all partners

July 2006

Vermont Tobacco Control Program

Proven strategies and comprehensive approaches are leading to measurable successes

A Comprehensive Approach

Vermont's Tobacco Control Program is based on proven strategies and brings together partners from multiple state agencies, the Tobacco Evaluation & Review Board, healthcare providers, local community organizations and businesses to coordinate program efforts across the state.

The comprehensive Tobacco Control Program includes seven components that the Centers for Disease Control and Prevention (CDC) recommend as essential to success:

- Community-based coalitions
- School prevention curricula and policies
- Quit-smoking services
- Statewide training
- Mass media and public education
- Enforcement of youth access laws
- Evaluation

Moving the Needle

In 2001, the Vermont Department of Health set an ambitious long-term goal of cutting smoking rates among youth and adults in half by 2010. Three statewide program goals were set:

- Prevent young people from starting to smoke
- Help smokers to quit
- Reduce the exposure to secondhand smoke for all Vermonters

Comprehensive, research-based strategies were developed to meet these goals. Halfway through our time frame for the 2010 goal, we have many successes to report. We have also identified, through program evaluation, additional strategies to pursue over the next two years and have incorporated these into this Work Plan.

The youth smoking rate has declined steeply, and Vermont has nearly reached the 2010 goal for this group, having reduced the smoking rate from 31 percent in 1999 to just 16 percent in 2005.[1]

Smoking rates among adults age 18+ have declined slightly, dropping from 21.5 percent in 2000 to 19.3 percent in 2005, with the most significant drop among 18- to 24-year-olds, falling from 37.7 percent in 2000 to 24 percent in 2005.[2]

Finally, great strides have been made in reducing children's exposure to second-hand smoke, both in the home and in the car. In 2005, 82.1 percent of Vermonters with children banned smoking in their homes, up from 73.1 percent in 2001. And 65.6 percent of smokers with children banned smoking in their homes, up from 43 percent in 2001. Prohibitions on smoking in vehicles also rose – 72 percent of smokers with children (and 87.6 percent of all Vermonters with children) banned smoking in 2005, while only 54 percent did so in 2001.[3]

Contents

Moving Forward

Vermont has made significant progress in shifting attitudes about smoking, and more and more smoking is seen as not being the norm. Other states that have experienced declining smoking rates, followed by a reduction in spending on tobacco control, have seen their rates rise again. The lesson to be learned is that Vermont's state and local partners and communities must continue to focus on long-term behavior change goals and generate support for an ongoing commitment to funding evidence-based strategies.

Tobacco-Free Communities

A network of community groups and organizations are working together to reach Vermont's goals

Local Coalitions Collaborate to Reduce Tobacco Use

In communities across the state, Vermonters are working together to reduce tobacco use. Broad-based coalitions in 19 communities receive grants each year. They keep local partners engaged and actively working toward becoming a tobacco-free community, where not smoking is the norm.

Community coalitions are a key component of the Vermont Tobacco Control Program. Research studies evaluating the impact of New Directions community coalitions in Vermont provided powerful evidence of the reduction in youth tobacco and marijuana use over three years in communities with a coalition as opposed to the rest of the state.[4] Moreover, community-based prevention interventions for youth, when combined with other program components like evidence-based curricula in schools, are more effective than one component alone.[5]

"A more proactive approach that has an employee wellness focus, including tobacco prevention along with antidrug and alcohol awareness, not only makes good business sense, it is the right thing to do for our valuable employees. That's why we are proud to be a partner with CY-Connecting Youth and support prevention education initiatives throughout the community."

Ted Castle, Owner – Rhino Foods

The goals for the community coalitions mirror those of the statewide Tobacco Control Program:

- Prevent young people from starting to smoke
- Link people with resources and services to help them quit smoking
- Reduce the exposure to secondhand smoke for all Vermonters

Community coalitions collaborate with many sectors of their communities, such as schools, hospitals, healthcare and mental health providers, youth groups, businesses, retailers, child-care providers, law enforcement, local media, and organizations serving the elderly, low-income families, and others in need. These various sectors of the community make up a diverse coalition membership, who are all committed to reducing tobacco use.

The product of the coalition approach to tobacco control is a community-based effort that is designed, tailored and led by community members, but is driven by statewide goals and evidence-based strategies.

One result is that Vermont adults are increasingly aware of activities in their local communities. Awareness of local programs to help youth quit was 75 percent in 2005, up from 49 percent in 2001. During that same period, 86 percent of Vermont smokers were aware of local programs to help them quit, up from 61 percent.[3]

Some examples of the wide range of work performed by coalitions:

- Engaging youth in designing interventions.
- Conducting tobacco education programs for community members.
- Promoting state and voluntary policies that promote clean indoor air and restrict youth access to tobacco products.
- Educating smokers who are ready to quit about cessation services.
- Delivering the key messages of the statewide common theme campaigns through local activities.

Statewide Media & Local Activities Use Common Theme Messages

Experience has proven that health communications is more effective when the message is delivered from multiple sources. That is why the Tobacco Control Program developed "common theme campaigns" that use the statewide media, community coalitions, local school-based tobacco coordinators and local hospital-based cessation coordinators.

How It Works

Each year the Health Department creates mass media and public education materials – like television and radio advertisements, brochures and giveaways – for statewide distribution. The local coalitions then initiate, lead and participate in a variety of local activities throughout the year, where the public education materials used for local events reinforce the media messages within the community. Based on the type of campaign, the coalitions collaborate with partners such as school-based tobacco coordinators, youth groups and hospital cessation coordinators.

Most importantly, state and local activities are coordinated and focused during three specific times of the year, when all efforts are combined around consistent messages called common theme campaigns. These common theme campaigns mirror the three statewide tobacco control goals and are another example of the synergy of the comprehensive Tobacco Control Program.

Chittenden East Designs Their Real Reasons
Working with their local high school (Mount Mansfield Union High School), the coalition collected hundreds of real reasons that students have for not smoking. Students who participated were given an 8outof10.com campaign item. Through a collaboration with the school's graphics department, the real reasons that these youth gave for choosing not to smoke were turned into colorful art posters. The final products were enlarged and printed to be hung at school events and at middle schools.

Central Vermont New Directions Shows Examples of How Much Smoking Costs
Instead of hearing about the health costs of smoking, Montpelier residents were reminded how much money smoking costs throughout the year, and what could be purchased with that "saved" money. The coalition worked with community groups and local businesses to create displays in shop windows.

Barre New Directions Invites Neighbors to a Smoke-Free Zone Cookout
Over 200 residents of the Highgate Housing Project (a low-income housing complex) attended a community fair, where the commons served as a smoke-free zone. The event included a cookout, face painting, a dunking booth and a display about the importance of creating a smoke-free zone around children. More than 40 families signed a pledge declaring their homes smoke-free.

Common Theme: Youth Prevention

Each spring the prevention campaign is updated, in order to keep things fresh for a continually changing youth audience, ranging in age from 10 to 17. In the last several years the campaign themes have centered on topics such as:

- Reinforcing what the real rate of youth smoking is in Vermont in order to correct a common misperception that a majority of youth smoke.
- Raising awareness about how smoking in the movies affects opinions about smoking, and ultimately smoking initiation.

Common Theme: Smoking Cessation

At the end of each year, all efforts are focused on helping link adult smokers to quitting resources. The campaign timing was chosen to start around the Great American Smokeout in November and to end on New Year's Day, to leverage the increased publicity and the heightened awareness of smoking cessation by our target audience. The campaign message is always to help smokers quit, but special focus is put on certain groups who smoke at higher rates:

- Lower-income adults
- Young adults – 18 to 24 years old
- Pregnant women

Common Theme: Secondhand Smoke

Late summer and early fall have typically been times to encourage smokers to "take it outside" and not smoke in their homes or vehicles, especially when children are present. Over the years this message has evolved into a broader idea of creating Smoke-Free Zones around all children. This campaign will soon expand further to cover adults with chronic health issues – like asthma, heart disease and respiratory conditions – that are affected by secondhand smoke.

Objectives for 2006 & 2007

Common Theme Campaigns

- By December of 2006, identify and develop best practices that expand from hosting a single activity or event for each media campaign, to developing and implementing sustained activities that run for at least three consecutive weeks.
- By the end of FY2007, 50 percent of the community coalitions will implement the best practices for sustained common theme campaign activities (running three or more consecutive weeks).

Collaboration

- Increase from 15 in FY2005 to 18 in FY2007 the average number of organizations with whom the community coalitions collaborate to implement tobacco activities, such as schools, hospitals, health-care providers, youth organizations, businesses, retailers and law enforcement.
- 25 percent of each coalition's members or partner organizations will serve low-income Vermonters.

Addressing Disparities

- By FY2006, at least three coalitions will participate in a work group that will collaboratively develop a statewide strategic plan to target disparities in tobacco prevention, cessation and secondhand smoke exposure.
- By FY2007, all coalitions will incorporate activities in their local plans to support the statewide disparities plan.

Tobacco-Free Schools

Schools are actively engaging young people about staying smoke-free, and they are starting early

Program & Policies that Reinforce that Not Smoking Is the Norm

Perceptions of and attitudes about tobacco, even the decision to smoke, can be formed as early as the elementary school years. Almost all first use occurs before high school graduation. In Vermont, 18 percent of 8th grade students have already smoked a whole cigarette.[1]

Comprehensive school programs, with lessons about tobacco that begin in kindergarten, intensify during middle school years, and are reinforced during high school can help keep youth from taking up the habit. This is especially true when activities are combined and connected to community programs, school tobacco policies, prevention and intervention resources, and mass media campaigns. Such programs contribute to a school climate where not smoking is the norm. As we entered 2006, 92 percent of the state's 68 school districts, supervisory unions, and independent schools had grants to support continuation or implementation of school-based tobacco prevention programs. Since these grants began in 2001, the number of schools teaching research-based curricula has grown from 66 schools in 1999 to 249 in 2005. This increase resulted in the education of over 34,000 students that year alone, reaching over one-third of Vermont's enrolled students.

In 2006 and 2007, the Department of Education will collaborate with the Department of Health to assess and identify how tobacco prevention strategies can be efficiently and effectively integrated with the coordinated school health initiative. This initiative provides a framework for developing policies, procedures, and activities that improve both student health and education outcomes.

Schools also continue to work in partnership with community-based coalitions and youth empowerment groups. In the fall of 2005, the youth-led movement against tobacco was expanded beyond Vermont Kids Against Tobacco (VKAT) and Our Voices Xposed (OVX) to include the Vermont Teen Leadership and Safety Program (VTLSP) and Students Against Destructive Decisions (SADD) groups across the state. In addition, a Tobacco Prevention Track was added to the annual Governor's Youth Leadership Conference.

The collaboration with the Department of Health and community partners was expanded to include the Department of Education in the statewide common theme campaigns, starting with the fall 2005 Smoke-Free Zone campaign. In the spring of 2006, schools will join community and peer leadership groups across the state in the youth prevention common theme campaign. The campaign aims to correct misperceptions about youth smoking and emphasizes that most young people in Vermont choose not to smoke.

Tobacco-Free School Grants

The Vermont Department of Education School-based Tobacco Use Prevention Program funds local school efforts to reduce youth tobacco use. To receive funds, a school district or supervisory union must develop a plan that meets the following Centers for Disease Control & Prevention (CDC) Guidelines for school-based tobacco reduction:

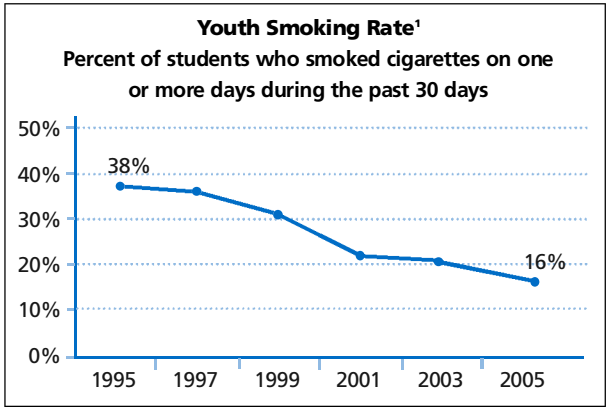
- Have a tobacco use prevention coordinator in place.
- Develop and maintain a comprehensive school tobacco policy.
- Train teachers to deliver prevention education.
- Deliver tobacco use prevention education.
- Involve parents and community members in efforts to reduce tobacco use.

Model Tobacco-Free School Policy

Schools continue to strengthen No Tobacco policies, ensuring that policies are up to date, well communicated and linked to prevention and intervention resources.

The foundation for an effective school-based tobacco use prevention program is a comprehensive policy on tobacco use that is well understood, based on Vermont law and consistently enforced.[6] A model policy developed with students, parents, school staff, law enforcement and health professionals should include core components that will:

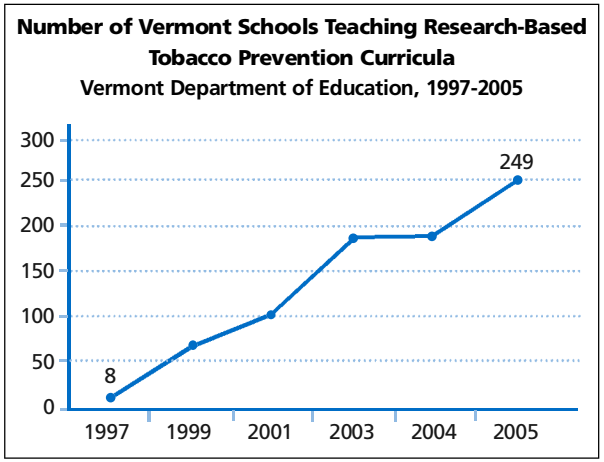
- Explain the health reasons for a No Tobacco Use policy.
- Specify how the policy will be communicated.
- Implement the Vermont law that prohibits students, parents, staff and visitors from using tobacco on school grounds, in school vehicles and at school events, even when the events are away from school.
- Prohibit tobacco sponsorships of or advertising at school events.
- Provide instruction on refusal skills needed to prevent tobacco use.
- Provide students and staff who violate smoking policies with options that may include quit smoking programs.



Evidence-Based Curricula

Tobacco use prevention education should be provided to students in each grade, with more intensified instruction in the middle grades and reinforcement throughout high school. The CDC identifies Life Skills Training as particularly effective in specifically targeting tobacco prevention. Life Skills Training has been extensively studied for over 15 years. Initial research showed that this prevention curriculum – which emphasizes self-esteem, self-management, communication and drug refusal skills – significantly reduced tobacco, alcohol and marijuana use among middle school students at one-year follow-up.[7] Subsequent research has demonstrated the long-term benefits.[8]

The CDC also recommends that tobacco use prevention programs be integrated as part of comprehensive school health education. A comprehensive K-12 health education program can motivate students to maintain and improve their health, prevent disease and reduce health-related risk behaviors.[9] The Department of Education asks



recipients of school-based program grants to select from among these evaluated curricula that target skills, knowledge and attitudes:

Kindergarten to Grade 6
Know Your Body
Life Skills Training (Grades 3-6)

Middle School/Junior High
Life Skills Training
Project Towards No Tobacco Use
Michigan Model

High School (Grades 9-12)
Michigan Model
Teenage Health Teaching Module

Helping Students Quit

As schools work to prevent young people from smoking, it is critical that those students who are already addicted have services available to help them quit. In addition, as schools adopt comprehensive tobacco policies, it is important that students caught smoking have the option to participate in quit-smoking classes. Schools may require attendance at or refer students to quit-smoking classes in addition to or as an alternative to fines or other penalties. Although more research is needed on the most effective ways to help young smokers quit, there are promising programs.

N-O-T, Not-On-Tobacco, is a research-based teen smoking cessation program, developed by the American Lung Association in collaboration with researchers at West Virginia University. N-O-T is the only teen smoking cessation program recognized as a Substance Abuse and Mental Health Services Administration (SAMHSA) Model Program. Results from a study of approximately 6,130 teens from five states showed that students who participated in N-O-T were twice as likely to quit as comparison youth.[10] N-O-T uses a life management skills approach to help teens learn how to reduce stress, make decisions and communicate more effectively. The 10-week program is offered statewide in schools, residential homes and community locations.

Students may soon be able to use the Vermont Quit Line and local hospital **Ready, Set…STOP** counseling services. Currently, these services are available only to adults, but the Tobacco Evaluation & Review Board has recommended that the Vermont legislature make an amendment to the treatment law for minors.

Peer Leadership and Youth Empowerment

To keep school-aged youth actively involved in the anti-tobacco movement, the Vermont Department of Health supports VKAT for 5th through 8th graders and OVX for older teens. While education is critical to prevention efforts, research shows that teens' involvement in advocacy is effective in reducing their current smoking rates.[11]

In addition to tobacco, Vermont youth are dealing with issues related to other drugs, fitness, nutrition, self-esteem, healthy decision making and relationships, and stress management. With this knowledge, VKAT and OVX have been working to broaden their focus to raise awareness about these other issues. This desire to include several health topics aligns with the coordinated school health initiative to integrate tobacco prevention within the framework. Even with the expanded topics, tobacco continues to be their main focus.

As part of the goal of empowering youth, the members of both these groups are provided with the tools and support they need to plan and participate in their own locally designed and led activities.

VKAT – Vermont Kids Against Tobacco

Since 1995, VKAT groups in schools and other community sites have been supported with small grants funded by the CDC. VKAT members from 58 sites around the state plan and conduct local activities to inform their peers and their communities about the hazards of smoking, and to support tobacco-free choices. The VKAT model has been a very effective tool in the fight against tobacco, and in helping youth to make positive choices around the issue of tobacco.

"The N-O-T program gives you the confidence to quit smoking."

N-O-T graduate

The goal of VKAT is to help youth make healthy decisions in all aspects of their lives, and the structure of VKAT offers a great opportunity to combat these issues.

OVX – Our Voices Xposed

Operating since 2001, OVX is Vermont's high school youth-run, youth-led movement against tobacco.

The purpose of this movement is to:

- Educate and inform.
- Empower and show youth how to express their views.
- Take action against the exploitation of the tobacco industry.
- Encourage positive behavior in all aspects of life.

With a network of 16 sites around the state, OVX aims to lower smoking rates among high school youth, and then help them to stay smoke-free throughout their lifetime.

OVX members work in their communities, often collaborating with community coalitions, to spread the word about Big Tobacco's practices, and to distribute information and hold events.

Objectives for 2006 & 2007

Curricula

- Develop a plan to evaluate the effectiveness of current tobacco prevention curricula in Vermont schools and begin implementation in FY2007.
- Increase the number of students receiving evidence-based prevention curricula by 2 percent annually, from 34,534 in FY2005 to 35,225 in FY2006 and 35,929 in FY2007.

Policy

- Establish a baseline measure of schools that include core elements of the model tobacco policy by FY2006.
- Increase the percentage of all Vermont schools that include core elements of the model tobacco policy by 5 percent in FY2007, based on the above measure.

Helping Students Quit – Not-On-Tobacco

- Increase the number of sites from 24 in FY2005 to 35 in FY2006 and 40 in FY2007.
- Increase the number of youth who enroll by 30 percent, from 210 in FY2005 to 273 in FY2007.
- Increase the number of youth who complete the entire program, including the evaluation survey, from 62 percent in FY2004 to 75 percent in FY2007.

Peer Leadership and Youth Empowerment

- Increase participation in the Governor's Youth Leadership Conference Tobacco Prevention Track by 3 percent annually, from 135 youth in 2005 to 139 in 2006 and 143 in 2007.
- Increase OVX membership by "growing" VKATs into OVXers, with the goal of 20 percent of the VKATs becoming OVX members by FY2007.

Media Literacy

By FY2007, develop resources and offer annual training for Department of Education and community partners to support media literacy for the school-age population.

Help for Smokers to Quit

Every smoker who wants to quit is supported by the community and encouraged by healthcare providers to access free cessation services

More Vermonters Becoming Smoke-Free!

The goal of the Vermont Department of Health smoking cessation program is to make available a range of services, so that all smokers in Vermont can become smoke-free when they are ready to quit.

Since the last Tobacco Control Work Plan great strides have been made in building awareness of Vermont's cessation resources among smokers. The result is that utilization of all programs has increased, and smokers are accessing those programs in higher numbers.[3]

In FY2005, 4 percent of the estimated 96,017 smokers in Vermont contacted phone or local counseling programs to request information about quitting smoking, or used counseling services. The CDC reported that Vermont ranks third highest among all states in the percentage (60.5 percent) of adults who have ever smoked and quit.[12]

"Thanks so much for being there, QuitNet. I could not do this without the motivation, encouragement and success stories of others who have been successful in quitting smoking."

Abbie Lynn – Northfield

Linking Smokers with Free Cessation Options

Vermont provides smokers wanting to quit with a variety of ways to double their chances of quitting for good, so they can choose the option or options that work best for them.

- Vermont Quit Line – free phone counseling and self-help materials.
- Local **Ready, Set…STOP** – group classes or individual counseling.
- VermontQuitNet.com – free Internet-based smoking cessation support.
- Nicotine Replacement Therapy – all (medically eligible) Vermonters can get free or discounted patches, gum or lozenges, in combination with cessation counseling.
- Fax Referrals – a pilot program that allows doctors to refer patients directly to the Vermont Quit Line or **Ready, Set…STOP**.

The Quit Line Offers Free Counseling & Links Smokers to Other Resources

The American Cancer Society runs the Vermont Quit Line, which, in addition to offering free counseling, is the clearinghouse for information about smoking cessation. Operating 365 days a year, the Vermont Quit Line helps smokers choose the services that they want to use to help themselves quit, including self-help materials.

During the smoker's first call, an explanation of counseling options is provided and the counselor helps determine if callers are eligible for free or reduced-cost nicotine replacement therapy – like the patch, gum or lozenges. If callers choose counseling through the Vermont Quit Line, then they are offered five counseling sessions as part of their personal plan for quitting, beginning with how to prepare for their quit date. In FY2005, the Vermont Quit Line received 1,667 calls from smokers, and provided counseling to 1,026 of these smokers. The addition of the pilot fax referral

system in the last six months of FY2005 increased the number of smokers counseled each month.

Ready, Set…STOP Helps Smokers Quit in Their Community

The Vermont Department of Health, in collaboration with the Vermont Association of Hospitals and Health Systems (VAHHS), sponsors a network of counselors in every hospital in the state – called the **Ready, Set…STOP**, To Be Tobacco Free program. These hospital-based clinicians coordinate and provide a variety of services at the local level – approaching smokers who are hospitalized, working in the local community and collaborating with community partners to promote their services.

They offer information about quitting, group and individual counseling, as well as coupons for free or reduced-cost nicotine replacement therapy. In addition, this program administers the nicotine replacement therapy coupon program called QuitBucks™. In FY2005, these clinicians counseled 2,240 smokers, of which 1,705 were new enrollees to the program.

In the past two fiscal years the program has aimed to increase its reach by offering at least three classes in locations that are most convenient for smokers, whether a community center or a workplace. These locations make it easier for smokers to attend classes and stick with them.

The Department of Health has identified healthcare providers and employers as two groups who interact with smokers, and therefore need increased outreach and funds to support that effort. **The Ready, Set… STOP** program has the benefit of being located in the hospital, providing an opportunity to network with healthcare providers and encourage them to assess smoking status and link smokers to cessation resources, using tools like the fax referral form. The hospital counselors also collaborate with local employers to offer smoking cessation counseling on-site and are seeking to enhance this relationship to provide employers with the tools to reach out to their employees who smoke.

Click Here to Quit Smoking at VermontQuitNet.com

The Vermont Department of Health awarded a grant to the national smoking cessation Web site QuitNet.com in September of 2005.

In addition to providing a range of cessation options to Vermonters, the goal of adding this new cessation service is to reach smokers who want to use the Web to quit and to obtain ongoing support, especially among young adults who use the Web at higher rates.

VermontQuitNet.com is a Vermont-specific area of QuitNet.com, and the site provides Vermonters with free lifetime membership to this unique Web community, so that they can gather information, plan

Vermont Smoker Profile

19.3% of all Vermont adults use tobacco. The rates below provide a breakdown for each subgroup, not the total percentage of smokers.

Smoking Prevalence by Age

age 18 to 24	24.0%
age 25 to 34	25.5%
age 35 to 44	23.3%
age 45 to 54	20.4%
age 55 to 64	16.4%
age 65+	6.9%

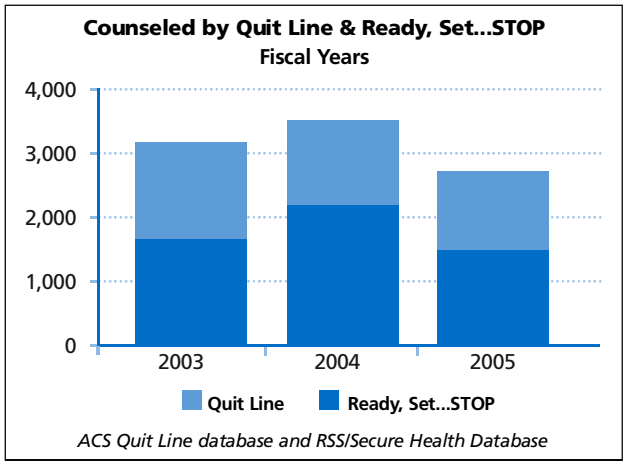
Smoking Prevalence by Income

<$15,000	30.3%
$15,000-$19,999	33.4%
$20,000-$24,999	25.6%
$25,000-$34,999	23.2%
$35,000-$49,999	20.6%
$50,000+	12.7%

Smoking Prevalence by Education

<high school	39.5%
high school graduate	27.1%
some college	17.6%
college graduate	9.4%

Source: Adult Behavioral Risk Factor Surveillance System, 2005



ACS Quit Line database and RSS/Secure Health Database

a quit attempt, chat with other smokers about their experiences, and get the advice they need to quit for good.

VermontQuitNet.com also provides information about the Vermont Quit Line and the **Ready, Set…STOP** program, for smokers who may be looking for additional support. Users can link to TobaccoStories.org to share their stories about smoking and how it has impacted their lives, as well as access more tools, like tips and motivations for quitting.

Nicotine Replacement Therapy & Counseling Increase Success

Hundreds of studies show that nicotine replacement therapy (and medications like bupropion) double a smoker's chance of successfully quitting smoking. In addition, combining nicotine replacement therapy or medication with counseling and follow-up increases the rate of success further. The QuitBucks™ program was created in 2001 to provide Vermonters with access to free or discounted nicotine replacement therapy, in combination with counseling. **Ready, Set…STOP** administers this program through a collaboration with the major private insurance carriers and pharmacies across the state.

The Vermont Quit Line currently ships nicotine replacement products directly to clients enrolled in Medicare and Ladies First (a women's health program), and to uninsured Vermonters. In an effort to increase access, the **Ready, Set…STOP** program will test a direct ship option to clients enrolled in their hospital counseling program in 2006.

With the evolution of nicotine replacement therapy programs, there is a need to simplify the messages delivered to smokers on this topic, as well as to improve the distribution and redemption.

Healthcare Provider Fax Referrals Lead to More Counseling

Healthcare providers in Vermont see smokers frequently and are viewed as the most credible source of health-care advice, especially for information about smoking cessation. Based on this information and the success of similar programs in other states, the Vermont Department of Health developed a new referral system that was piloted at dental offices by the Vermont State Dental Society.[13] With the addition of this new tool, healthcare providers will soon have a simple and fast way to refer their patients who smoke to cessation services, moving them beyond asking and advising, and allowing them to actively assist in their patients' quit attempt.

The fax referral will go directly to the Vermont Quit Line or the local **Ready, Set…STOP** program, based on the patient's preference, and the counselor will initiate contact with the smoker to develop a personalized quitting plan.

The rate of counseling for fax-referred smokers is much higher than for patients who are only given information. In a study in Oregon, more than half of those who were referred by fax and called proactively by the counselor accepted counseling, compared to fewer than one-fifth of those smokers who were given information to call on their own.[14]

Between September 2004 and September 2005, 329 fax referrals were sent to the Vermont Quit Line, resulting in 70 percent requesting counseling. This has helped increase the number of smokers that the Vermont Quit Line reaches out to every month.

Because fax referrals are an effective and efficient way to refer patients, a plan will be developed to expand distribution by working with community groups, **Ready, Set…STOP** and other partners to increase the number of healthcare providers who take part in this program.

Healthcare providers have a unique opportunity to encourage smokers to quit. The Tobacco Evaluation & Review Board recommendation to offer provider training in FY2007, including the use of fax referral, to increase quit attempts, is critical.

Vermont Blueprint for Health Chronic Disease Collaboration

The Vermont Blueprint for Health is a statewide initiative that provides Vermonters with chronic conditions the information, tools and support they need to successfully manage their health. Through this initiative, Vermont is actively pursuing change in four broad areas: patient self-management, provider practice, community action and information system development.

The Tobacco Control Program is an active partner in the Vermont Blueprint for Health and will continue to work with state and local partners to create shared plans and educational materials.

Blueprint for Health

Smart choices. Powerful tools.

Objectives for 2006 & 2007

Smoking Cessation Services & Nicotine Replacement Therapy

- Increase the number of new callers to the Vermont Quit Line from 1,667 in FY2005 to 2,000 calls in FY2006 and 2,250 in FY2007.
- Increase the number of smokers counseled or referred by **Ready, Set...STOP** to the Quit Line for counseling from 2,733 in FY2005 to 2,850 in FY2006 and 3,000 in FY2007.
- Increase the number of **Ready, Set...STOP** worksite cessation classes from 15 in FY2005 to 20 in FY2006 and 30 in FY2007.
- Increase the number of **Ready, Set...STOP** cessation classes offered in the community from 53 in FY2005 to 65 in FY2006 and 75 in FY2007.
- By 2006, identify the usage baseline for the VermontQuitNet.com Web site among young adults and other audiences.
- By FY2007, evaluate the www.VermontQuitNet.com quit rate and develop a plan to sustain or improve the quit rate.
- Analyze nicotine replacement therapy usage among smokers annually, and identify interventions and new opportunities to increase access to this treatment.

Fax Referral

Increase the number of fax referrals to the Quit Line and the **Ready, Set...STOP** program from 261 in FY2005 to 500 in FY2006 and 650 in FY2007.

Healthcare Provider Training

Secure funding and contract with an organization to provide in-office training and support to identify the smoking status of all patients, and to increase the number of current smokers who are advised to quit and directed to cessation resources, including counseling and medications.

Chronic Disease Collaboration

The Vermont Department of Health and the **Ready, Set...STOP** program will collaboratively develop a chronic disease coordination plan in at least three hospitals in FY2006, to implement and evaluate in FY2007.

Media & Public Education

Using comprehensive media strategies to reach Vermonters with targeted health messages

Marketing Works

Health communication and promotional efforts are key parts of a comprehensive Tobacco Control Program and the impact of Vermont's public education campaigns is increasingly apparent. More and more smokers are aware of the Vermont Quit Line and other resources available to help them quit. Fewer and fewer Vermont youth are initiating smoking, and many more are no longer seeing smoking as the norm among teens. And an increasing number of Vermonters have smoke-free homes.

Media and Communities Work in Synergy

In 2004, the Department of Health Tobacco Control Program began conducting three statewide campaigns per year in concert with community-level activities. A main tenet of effective health communication is that the more times people hear the same message from different sources, the more likely they are to be impacted by the message.

"I tried it on my own for a really long time and ironically enough it's one of these commercials that made me call the Quit Line. I decided that when I had the opportunity to (record an ad), I'd better do it, even if it helps just one person out there."

Chris – Burlington (speaking about why he agreed to record a testimonial)

Statewide campaigns were initiated to focus public attention – as well as activities in communities and schools – on a particular theme during a concentrated period of time, so that those activities would reinforce one another. The three program goals form the basis for the statewide campaigns:

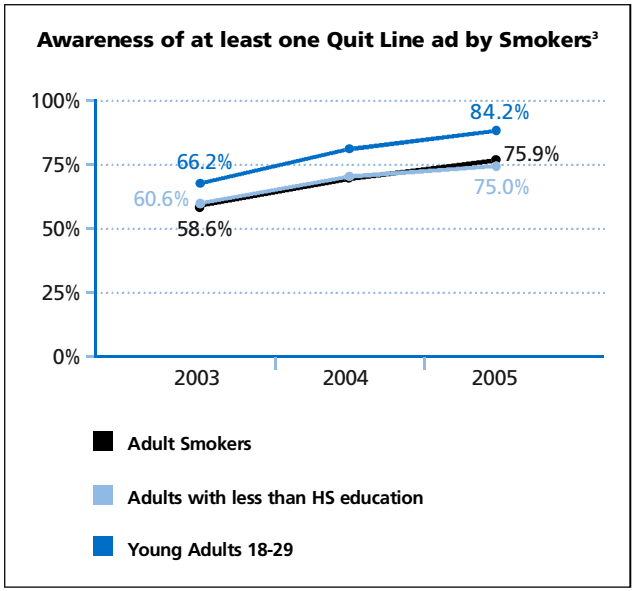
- March and April are the youth prevention campaign months.
- August and September are focused on reducing exposure to secondhand smoke.
- November and December are the months for the cessation campaign.

For descriptions and examples of these common theme campaigns, see the Tobacco-Free Communities section of this Work Plan.

True Stories Captivate Interest

In 2005, a series of radio testimonials was launched featuring real Vermonters who quit smoking with the help of one of the Department of Health-sponsored cessation services. These success stories offer encouragement to smokers who may wonder if they will ever be able to quit. The ads also highlight the benefits of quitting, and shed light on the kinds of strategies and motivations that people use to quit.

A Web site was launched in 2005 to provide a forum for Vermonters to see the array of cessation services available as well as to highlight true stories – both success stories and stories of the impact of tobacco on people's lives. Hits to TobaccoStories.org reached over 300 during one week in early 2006, and new stories continue to be submitted, helping to keep the site fresh.



The Internet Offers Access to Hard-to-Reach Young Adults

The TobaccoStories.org site takes advantage of the latest technology in its use of animated characters, allowing selected stories to "come to life" both visually and through sound. These sophisticated features appeal to the often hard-to-reach group of young adults, an audience that has the highest smoking rate, and for whom Internet use is second nature.

In 2005, the Department of Health funded another online service for young adults (and older smokers) who want to quit – VermontQuitNet.com. Advertising on Internet sites and search engines popular with young adults is being used to promote use of both of these Web sites.

Young adults in college are easier to reach than their not-in-college counterparts who have even higher smoking rates, but work sites are one promising way to reach those not in college. Employers in Vermont are being approached about providing information to their employees about online and other available cessation services, and are being supplied with educational materials and tools.

This strategy of having a conspicuous presence in places popular with young adults is carried out in other arenas as well. Cessation promotional materials designed to appeal to young adults are distributed to bars, poker tournaments, sports events and colleges.

Special Populations Merit Unique Attention

Lower-income adult Vermonters, some of whom may have lower literacy levels, continue to be a high-priority group for cessation outreach efforts. Cessation promotion messages and materials are designed to resonate with them, and print materials are distributed in channels more likely to reach them. Workplace promotion in blue-collar settings is one such venue; other venues include the distribution of materials through the Commodities Food program, WIC, the Vermont Food Bank, Ladies First and direct mailings to lower- to middle-income households.

Cessation promotion materials are also custom-designed for distribution to channels that reach the GLBTQ (gay, lesbian, bisexual, transgender and queer) community in Vermont, another group with higher-than-average smoking prevalence. Partners from the queer community center **RU12?** have collaborated with Department of Health staff on the development of materials tailored for distribution in their center, as well as posters and print ads to be placed in relevant Vermont-based publications like *Out in the Mountains*.

TobaccoStories.org

Outreach to women who smoke during pregnancy is also a priority. Since pregnancy is a strong motivator to quit, many women will quit on their own when they learn they are pregnant. Those who continue to smoke during pregnancy are often strongly addicted or may have numerous other life problems, making smoking seem relatively low on their list of concerns. Because this group is often difficult to reach, and because their numbers are relatively small, the strategy for reaching these women involves use of incentives or face-to-face approaches, rather than mass media. A pregnancy calendar describing fetal development over the course of the pregnancy, and covering the topic of smoking during pregnancy, continues to be a popular promotional item for this group. Imprinted on each page of the calendar is the number for the Vermont Quit Line, which has a special protocol specifically designed for pregnant women who smoke.

Social Norms Influence Youth Initiation

It is commonly known that youth smoking is influenced by a number of factors, including perception of smoking as the norm among peers, family networks, and community environments. More recently, research has shown that youth smoking is also influenced by exposure to smoking in the movies.[15]

"Together we are doing a great thing for the state of Vermont. It goes to show that dedication, commitment and perseverance pays off!"

Stephanie – OVX Member

Among middle school youth ("tweens"), perceptions of how many high school teens smoke is one indication of a normative expectation – if tweens believe that most high school students smoke, then they see smoking as normative behavior in high school (and a behavior they may feel some pressure to adopt in order to fit in). Previous research indicated that middle school youth greatly overestimated how many high school students smoke.[16]

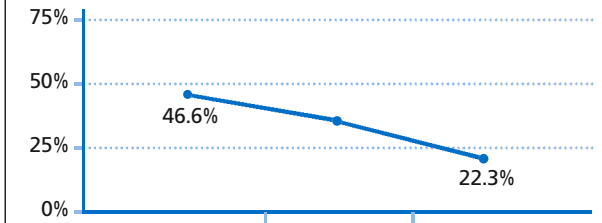
Vermont's youth prevention strategies will continue to work to correct these misperceptions of smoking prevalence, to reinforce antitobacco attitudes and to increase media literacy with regard to smoking in the movies.

Group Affiliation Reinforces Choices to Remain Tobacco-Free

Media campaigns for youth prevention work best in concert with community-level and school-based activities.[17] The annual statewide youth campaigns provide an opportunity to combine efforts to support prevention goals. Both OVX and VKAT receive training to engage in activities that play off the campaign themes, and they distribute campaign materials to peers. Throughout the year, OVX and VKAT members serve as peer leaders and positive role models for other youth. The media campaigns are tagged with either the OVX.org Web site (teen campaigns) or the 8outof10.com Web site ("tween" campaigns). These sites reinforce group affiliation, provide additional information and links to resources, and contribute to the kind of word-of-mouth advertising that can greatly increase exposure to campaign messages.

Misperceptions Rate[16]

Percent of Middle School Students who believed that most (56%+) High School Students smoked

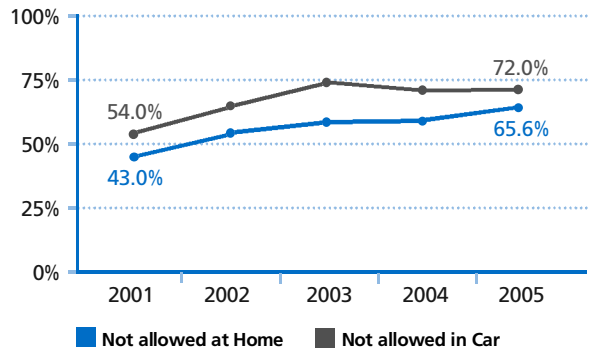


"Smoke-Free Zone" Campaign Builds on "Take It Outside"

Thanks to the success of Vermont's "Take It Outside" campaign efforts, parents and other caregivers are increasingly cognizant of the need to have smoke-free policies in their homes and cars.

However, anecdotal reports indicated that many of these same people did not seem to realize that there was a danger to children when they were smoking outside near them. During the secondhand smoke common theme campaign of August and September of 2004, messages shifted beyond "taking it outside" to encouraging adults to view children as Smoke-Free Zones, and to keep smoke "far, far away" from them, no matter where they are. Because resea rch indicated that concern for children's health is one of the major motivators for parents to quit, media materials for the Smoke-Free Zone campaign are tagged with the Vermont Quit Line number. In FY2007, Smoke-Free Zone campaign messages will extend to adults with asthma and other chronic illnesses who may be adversely affected by exposure to secondhand smoke.

Smoking not allowed in Homes or Cars with Children[3]



Objectives for 2006 & 2007

Adult Smoking Cessation
Increase awareness of at least one Vermont Quit Line ad among adult smokers as assessed by the Adult Tobacco Survey from 75.9 percent in 2005 to 80 percent in 2007.

Young Adult Smoking Cessation
Increase awareness of at least one Vermont Quit Line ad among young adult smokers 18 to 29 as assessed by the Adult Tobacco Survey from 84.2 percent in 2005 to 90 percent in 2007.

Smoking Cessation Among Lower Socioeconomic Status Vermonters
Increase awareness of at least one Vermont Quit Line ad among lower-education-level adult smokers as assessed by the Adult Tobacco Survey from 75 percent in 2005 to 82 percent in 2007.

Youth Smoking Prevention

- Continue to decrease the percentage of middle school youth who think that most high school students smoke, from 47 percent in 2000 to 20 percent in 2006.
- Produce media literacy educators' kit by end of FY2007.

Reduction of Secondhand Smoke Exposure
Continue to increase the percentage of smokers with children who prohibit smoking in their homes, from 43 percent in 2001 to 70 percent in 2007.

Enforcement

Preventing the sale of tobacco to minors and enforcing the Clean Indoor Air law

Combining Education & Enforcement Leads to Compliance

The Vermont Department of Liquor Control (DLC) and the Department of Health continue to work to ensure that retailers and business owners are in compliance with the state laws governing the sale of tobacco products and smoking in public places.

Retailers

Per Vermont law, the DLC has been offering free training classes or providing employer training materials to retailers, because training in conjunction with enforcement leads to more successful compliance checks. Vermont law requires a 90 percent compliance rate, 10 percent above the federal law, because studies show that when youth access laws are enforced, sales to minors are reduced.[18] The 90 percent compliance rate is a priority for the DLC.

The DLC has identified the following issues as barriers to passing compliance checks:

- Convenience store clerks are "rushed" and "pushed" to get the customer out the door.
- Cashiers are having trouble reading and understanding identification cards.
- The turnover rate among convenience store clerks is very high – the industry's average yearly turnover rate is over 100 percent, with some national chains reporting periodic rates of nearly 300 percent.[19]

Type of Training of Clerks Who Participated in Compliance Checks in 2005

	Passed Compliance Check		Failed Compliance Check	
Not Trained	98	70.5%	41	29.5%
Trained by Employer	490	86.6%	76	13.4%
Trained by DLC	654	91.3%	62	8.7%
Total	**1,242**	**87.4%**	**179**	**12.6%**

In response to these problems, the DLC has increased the size of the Education Division in an effort to provide more classes statewide. In addition, it will assess ways to grow the Division within existing resources. The option of a tobacco-only training or a greater emphasis on tobacco training is being considered, as the vast majority of the current training time focuses on alcohol laws. Additionally, to reduce the probability of a minor selling to another minor, legislation is recommended to impose a minimum age for selling tobacco.

Public Places

The 1993 Clean Indoor Air Act (see Policy section) was expanded to ban smoking in bars, cabarets and private clubs in September of 2005. The Department of Health is the lead agency for handling complaints, and upon receipt of a complaint, the Department sends out a Food and Lodging sanitarian to investigate. Sometimes the sanitarian will coordinate with the Liquor Control inspectors and arrange to meet on site for the inspection. Fortunately, in most cases the Department of Health has been able to obtain voluntary compliance with the law through owner education. However, if voluntary compliance is not obtained, the law gives the Department of Health enforcement authority. Businesses that fail to comply with the law could be subject to fines of up to $10,000 each day for each smoking violation.

How Compliance Checks Work

The DLC monitors retailers for compliance with laws related to the ban on self-service displays and particularly sales to minors. The DLC compliance checks follow a defined protocol, and penalties for non-compliance are set by the legislature.

The DLC investigators train 17-year-old youth buyers and accompany them to randomly selected stores to attempt to buy cigarettes. The youth never lie about their age and always tell their real age, if asked. Some states have used youth buyers as young as 14 or 15 years old. Because the current non-compliance rate is above 10 percent, Vermont state law requires that the DLC employ 17-year-olds.

If the youth buyer is able to purchase cigarettes, the DLC investigator tickets the seller immediately. The licensee receives a warning for the first violation and must attend a training class. Subsequent violations could lead to an administrative penalty of up to $1,000 and license suspension.

The DLC randomly selects tobacco licensees to check every month. However, many checks were not completed in 2005, because the selections were based on outdated licenses in the DLC database. In order to increase the number of compliance checks conducted per year, and to conduct them in a cost-efficient manner, the DLC should be required to issue the tobacco licenses and thereby maintain a current database.

Currently, tobacco licenses are issued by the local town or city with the provision that these municipalities report the issuance or expiration of any tobacco license. A legislative amendment to require that tobacco licenses be issued by the DLC will not result in noticeable revenue loss to towns because tobacco licenses are free if applied for in conjunction with an alcohol license. The DLC reports that only 12 of the estimated 1,200 tobacco licensees do not also have an alcohol license.

Tobacco Compliance Checks

By Department of Liquor Control

Year	No. of Checks	Passed
2000	1,320	77%
2001	1,279	82%
2002	1,086	86%
2003	1,111	85%
2004	1,614	89%
2005	1,421	87%

In 1992 Congress enacted legislation aimed at decreasing youth access to tobacco products. The legislation, known as the Synar Regulation, requires states to enact and enforce laws prohibiting any manufacturer, retailer or distributor from selling or distributing tobacco products to individuals under 18. In addition to enacting and enforcing the law, states must implement annual random, unannounced compliance inspections (RUIs) to determine their buy rates of tobacco products sold to youth under the age of 18. If a state's buy rate exceeds 20 percent, it stands to lose 40 percent of its Federal Substance Abuse Prevention & Treatment (SAPT) Block Grant funds, which are used to provide treatment and prevention services. In order to maintain funding through the Substance Abuse & Mental Health Services Administration it is critical for state and federal partners to review outcomes and develop strategies to improve enforcement. The Division of Alcohol and Drug Abuse Programs is the lead agency responsible for the administration of Synar, collaborating with the Department of Liquor Control and the Tobacco Control Program to ensure that federal standards are met.

Objectives for 2006 & 2007

Retail Compliance Checks

Meet Vermont's requirement for a 90 percent compliance rate by:

- Continuing the increased number of checks.
- Creating a centralized database of licensees.

Awareness of Underage Tobacco Law

Increase awareness among local law enforcement of the underage tobacco law by conducting trainings for local, county and state law enforcement departments.

Retailer Seminar Co-Sponsorships

Review the data available through the DLC training database and the Department of Health's Community Tobacco Coalition database to:

- Assess the extent of coordination between the two departments on retailer training seminars.
- Collaboratively develop a plan to increase retailer training in 2007.

Increasing Awareness

The Education Division within the Department of Liquor Control has elected to bring a greater awareness of the underage tobacco laws to all law enforcement in the state during the coming year. The department will be sponsoring in-house training classes around the state for all types of law enforcement – local, county and state law enforcement officials.

Evaluation

Assessing progress toward meeting program goals

Standards for Program Evaluation

There are four standards for good and practical evaluation of programs. It should be: Accurate – produces valid and reliable findings; Useful – provides information relevant to stakeholders in a timely manner; Feasible – uses resources prudently and is minimally disruptive of programs; and Ethical – protects the privacy of individuals.[20]

There is one additional requirement for the evaluation of the Tobacco Control Program: Independent. The legislation that created the Tobacco Evaluation & Review Board required that evaluation be conducted by an independent contractor, that the contractor be selected by the Board and that the Board oversee its work and report annually to the legislature the results of the evaluation. Through competitive bidding processes in 2002 and 2005, the Board twice selected Research Triangle Institute (RTI) to conduct the evaluation.

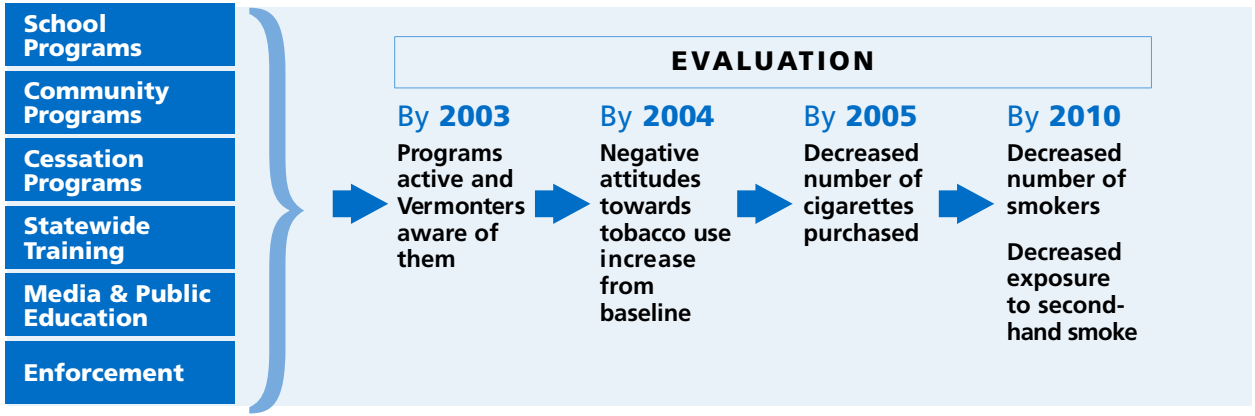
Purpose of Evaluation

Program evaluation uses a set of tools to document and measure both the implementation and outcomes of the program, to increase its efficiency and impact over time and to demonstrate accountability.

Good program evaluation provides answers to these key questions:

- Are program activities being implemented as planned?
- What are the strengths, weaknesses and areas for improvement?
- Are limited resources being used efficiently?
- Are program outcomes occurring as expected?
- Are outcomes the result of the Tobacco Control Program or other factors?

Timeline of Expected Program Outcomes



Program Implementation

The first step in an evaluation is to examine the activities within each component of the comprehensive Tobacco Control Program. Are activities being implemented as planned? How many activities are being conducted by whom and who is being reached through these activities? Appropriate data need to be collected and reported to answer these questions for each of the six program components.

The lengthy reporting forms of the community tobacco coalitions were streamlined and converted to an electronic form to reduce the work and increase the precision and usefulness of the information submitted. A similar process is under way with the current reports of the local coordinators of the school-based program. The counselors' database for the hospital cessation program, **Ready, Set... STOP**, underwent significant modifications in order to provide a core set of reliable program evaluation data.

Program Effectiveness

The overall goal of Vermont's Tobacco Control Program is to reduce smoking among youth and adults by 50 percent by 2010. Stakeholders also developed a timeline of expected program outcomes. It outlines benchmarks for evaluating progress through a sequence of anticipated changes in awareness, attitudes and behaviors over the 10 years. It was based on experiences in states that had begun programs before Vermont and provided a general roadmap for evaluation of intermediate outcomes that signal progress toward the 2010 goals.

Specific objectives in this and previous Work Plans provide the short-term measurable outcomes against which each component of the comprehensive program is measured every year. In addition, the effectiveness of the entire program is assessed by measuring changes in awareness, attitudes and behaviors. That is because the comprehensive program has been designed to have all components act synergistically to produce the expected outcomes. Thus, for example, reductions in youth smoking rates would not be solely attributed to the increase in the number of schools providing tobacco use prevention curricula. Rather, it is the result of school programs, media campaigns, community coalition activities, VKAT and OVX activities, and teen smoking cessation programs.

The evaluation of Vermont's program is largely focused on measuring changes over time among adults and youth across many dimensions: awareness of program activities (e.g., cessation services, local activities to prevent youth smoking, media messages); utilization of services and involvement in activities; knowledge, perceptions and attitudes related to tobacco use; and behaviors (e.g., banning smoking around children, attempting to quit smoking). Documenting the changes and linking them to the comprehensive Tobacco Control Program requires rigorous analyses of multiple data sets for multiple years. These analyses include the following: 1) program data from Vermont departments of Health, Education and Liquor Control; 2) key statewide data collected in Vermont; and 3) national data sets for comparative purposes. Additional data may be requested for special analyses, including data from birth certificates, Medicaid claims, hospital discharges, and Safe and Healthy Schools Surveys.

Key Statewide Evaluation Data

Adult Behavioral Risk Factor Surveillance Survey (BRFSS)

- Annual telephone survey of 6,000 adults ages 18+ since 1990
- Measures smoking prevalence by age, sex, household income, education
- Remaining questions address other health risk factors
- Part of the CDC national health surveillance system

Adult Tobacco Survey (ATS)

- Annual telephone survey of 2,000 adults, half of whom are smokers; since 2001
- Measures attitudes, awareness and utilization of services, quit attempts and methods, exposure to and household policies regarding secondhand smoke

Pregnancy Risk Assessment Monitoring System (PRAMS)

- Mail survey of women who delivered in the preceding quarter; since 2001
- Measures number of cigarettes smoked on average day three months prior to pregnancy, last three months of pregnancy and currently
- Most questions address other pregnancy and birth issues
- Part of CDC national health surveillance system

Youth Risk Behavior Survey (YRBS)

- Biennial questionnaire administered in grades 8 through 12; since 1995
- Measures prevalence of youth smoking and other tobacco use by grade and exposure to secondhand smoke
- Most questions address other health risk factors
- Part of CDC national health surveillance system

Youth Health Survey (YHS)

(Formerly Youth Tobacco Survey, 2000-2004)

- Biennial questionnaire administered in grades 6 through 8 in 2000 and 2002; in grades 6 through 12 in 2004 and 2006
- Measures attitudes, perceptions, and behaviors related to tobacco and secondhand smoke; some questions in 2006 address other health risk factors
- Part of CDC national health surveillance

Tobacco Sales Tax Revenue Data

- Monthly report from tax department of packs sold and revenues collected for cigarettes and all other tobacco products
- Used as part of the analysis to estimate tobacco consumption by Vermonters

Objectives for 2006 & 2007

Adult Smoking Prevalence
In September of 2006 and 2007, compare data from the Vermont BRFSS, the National Health Interview Survey and the Current Population Survey to assess changes over time in adult smoking in Vermont and the rest of the United States.

Youth Smoking Prevalence
In September 2007, compare data from the Vermont YRBS 2007 with results from previous years to assess changes over time in tobacco use and perceptions of harmfulness, accessibility and disapproval of use by parents and community.

Adult Attitudes and Behaviors
By April 2006, complete the analyses of the ATS2005 data and compare with responses from previous years. Assess change over time in awareness of program activities, quit attempts and methods, tobacco-related attitudes and behaviors; repeat this process in 2007.

Youth Attitudes and Behaviors
By October 2006, complete the analyses of the YHS2006 and compare results on tobacco-related items with results from YTS of 2000-2004 to identify changes over time in attitudes, media awareness and behaviors.

Community Coalition Database
In May 2006, assess with community tobacco coalitions the utility of the Coalition Report of Activities provided to the coalitions by the Department of Health in April 2006.

Vermont Quit Line
By October 2006, assess the extent to which the Minimal Data Set collected by quit lines in Vermont and other states can be analyzed for comparisons of utilization and outcomes.

Adult Cessation Services Data
In September of 2006 and 2007, collate data from the Ve rmont Quit Line and the **Ready, Set…STOP** program to provide a comprehensive analysis of the utilization, reach, nicotine replacement therapy usage and quit rates within cessation services supported by the Tobacco Control Program.

QuitNet
By September 2006, assess the utilization of the QuitNet by Vermont smokers, especially those ages 18 to 30.

Pregnancy Risk Assessment Monitoring System (PRAMS)
By July 2006, compare the results of the Vermont PRAMS survey data for 2002 (received from CDC in November 2005) with the 2001 Vermont data and national PRAMS data.

School-based Tobacco Use Prevention Program
By October 2007, conduct an assessment with local coordinators of the implementation of the program database developed by RTI and Department of Education program staff in 2006.

Statewide Program
In 2006, organize a tri-state meeting with representatives of the statewide Tobacco Control Programs in New York and Maine to discuss strategies, interventions, and methods by which they are evaluated.

Independent Evaluation
By March 2007, release a Request for Proposals for a contract for independent evaluation of the Tobacco Control Program for FY2008 (renewable through FY2010).

Policy

State laws and policies reduce tobacco use

Vermont Laws & Policies Lead to Smoke-Free Environments

Tobacco-free policies protect nonsmokers who may be involuntarily exposed to secondhand smoke, and can also be effective in reducing tobacco consumption by smokers.[21] Vermont has a history of enacting state laws that promote smoke-free environments in the workplace and in public indoor spaces.

The Vermont Clean Indoor Air Act of 1993 established a ban on smoking in public indoor areas, like offices and restaurants. In September of 2005, this Act was expanded to prohibit smoking in bars, cabarets and private clubs (social, fraternal and religious clubs).

Increasingly, both smokers and nonsmokers are voluntarily banning smoking in their homes and vehicles, reflecting the positive influence of Vermont's statewide policies and programs, community activities, media campaigns and health care provider education.

Since the Master Settlement Agreement between the tobacco companies and the states, the tobacco industry has increasingly targeted retail stores as their main communication channel for reaching new and current smokers. In 2003, cigarette companies spent 85 percent of the $15.1 billion in marketing expenditures to promote their products in stores.[22] Now more than ever, Vermont faces policy challenges to sustain tobacco funding, increase tobacco taxes to reduce smoking rates, prevent youth access, and boost access to cessation treatment.

Program Funding

Vermont ranks 13th among the 50 states for the most tobacco program spending based on CDC minimum spending recommendations. For FY2006, $4.9 million was allocated to implement the comprehensive tobacco control components. This was $3 million less than recommended by the CDC.[23]

Although the Vermont Tobacco Control Program has successfully reduced the youth smoking rate to 16 percent, the adult smoking rate remains at 19.3 percent. It will take a commitment to spending on prevention and smoking cessation to reach the 2010 goal for adult smoking, and to keep lowering youth smoking rates. A review of other state programs has shown that when tobacco program funding decreases, awareness of campaigns decreases and youth susceptibility to smoking increases.[24] Additionally, research shows that increased spending on a comprehensive Tobacco Control Program leads to a greater reduction in smoking. The "longer states invest in such programs, the greater and faster the impact" in smoking reductions.[25]

In addition to the annual Master Settlement Agreement payments, Vermont will receive an estimated $12 to $14 million per year for 10 years beginning in FY2008 from the tobacco manufacturers. A portion of these new funds, called Strategic Contribution Funds (SCF), are needed to:

- Invest in additional programs to increase quit attempts and reduce adult smoking prevalence.
- Continue to decrease youth smoking rates.
- Meet the CDC recommended per capita spending on tobacco control.
- Fund the Vermont Tobacco Trust Fund in order to eventually have a source of program funding that is not dependent upon the tobacco industry.

Vermont's Tobacco Laws

1987

Smoking in the Workplace Law
Restricts smoking in the workplace (18 VSA, Chapter 28, Subchapter 2)

1991

Youth Access Act
Prohibits sale to people under 18, establishes a tobacco license for retailers, and sets penalties for illegal sales (7 VSA, Chapter 40)

1993

Clean Indoor Air Act
Prohibits smoking in the common areas of all enclosed indoor places of public access, including restaurants (18 VSA, Chapter 37)

1995

Tobacco Use on School Grounds
Prohibits use of tobacco on public school grounds and prohibits students from using tobacco at public school-sponsored events (16 VSA, Section 140)

1997

Youth Access Act
Prohibits cigarette vending machines, puts cigarettes behind the counter in retail stores, increases penalties for selling to minors, makes it illegal for minors to possess tobacco products (7 VSA, Chapter 40)

2002

Tobacco Tax
Increased state tax on cigarettes from 44 cents to 93 cents/pack in 2002 and to $1.19 in 2003 (32 VSA, Section 7771)

2002

Singles & Mini-Packs
Bans sale of single cigarettes or packs that contain fewer than 20 (7 VSA, Section 1003)

2002

Mandatory Training for Tobacco Retailers
Requires tobacco licensee to be trained by DLC every 36 months and clerks to be trained before they can sell tobacco and every 24 months thereafter. (7 VSA, Section 1002a)

2005

Clean Indoor Air Act
Prohibits lighted tobacco products in any indoor place of public access, including bars and facilities owned or operated by a social, fraternal, or religious club. (18 VSA, Chapter 37)

2006

Fire-Safe Cigarettes
Requires that only reduced ignition propensity (fire-safe) cigarettes may be sold in Vermont on or after May 1 , 2006. (20 VSA, Chapter 173, Subchapter 2A)

2006

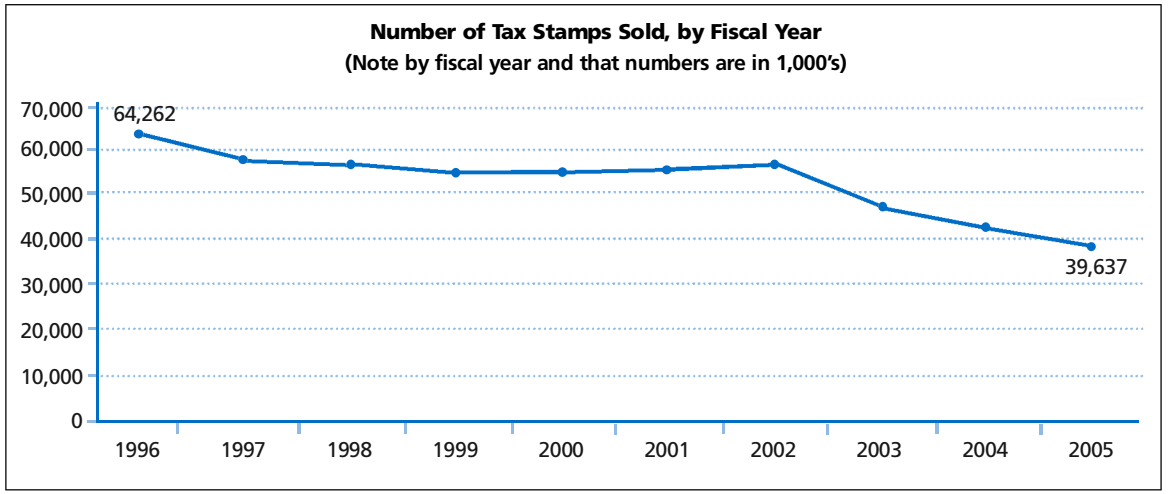
Tobacco Tax
Increased state tax on cigarettes from $1.19 to $1.79 per pack in 2006, and to $1.99 per pack in 2008. Roll-your-own tobacco and little cigars are now defined as cigarettes and will be taxed as such. Moist snuff (chew) will be taxed at $1.49 per ounce in 2006 and increase to $1.66 per ounce in 2008. (32 VSA, Chapter 205)

Cigarette Taxes

Even with state laws that ban smoking in public places and school grounds, and restrict smoking in the workplace, there is a great deal of evidence that increasing cigarette taxes reduces consumption.[26] An 81 cent tax increase in Vermont would result in the following benefits[27]:

- 5,100 fewer youth smokers – saving 1,600 kids from premature death
- 2,500 fewer adult smokers – saving 600 adults from smoking-related deaths

By raising this tax, Vermont will decrease youth initiation of cigarettes or other tobacco products, as well as reduce adult smoking rates among lower-income smokers, as these groups are sensitive to price increases.



Youth Access

The earlier an individual begins smoking, the more likely that person is to become addicted. Therefore it is vital that Vermont restrict youth access to cigarettes and tobacco products. Vermont has passed several laws to achieve this objective:

- Youth Access Act that prohibits sale to minors under 18
- Prohibition of use of tobacco on school grounds
- Ban on cigarette vending machines
- Placement of cigarettes behind the retail counter
- Ban on sales of single cigarettes or packs with fewer than 20
- Prohibition of the sale of bidis
- Mandatory training of tobacco retailers

The Vermont Tobacco Evaluation & Review Board also recommended in the 2006 annual report that there be a minimum age requirement of 18 years of age in order to sell cigarettes. Currently, minors who are employed by retailers are not restricted from selling cigarettes.

Internet Sales

Internet cigarette sales present a significant risk to public health because there is no face-to-face transaction to check photo IDs to verify age. The National Association of Attorneys General has played a vital role in preventing youth access to cigarette and tobacco products, particularly over the Internet:

- Three shipping companies – FedEx, DHL and UPS – have agreed to stop shipping cigarettes directly to consumers, nationwide.
- The major credit card companies have agreed to stop processing credit card payments for Internet retailers that allow illegal cigarette sales.
- One of the tobacco manufacturers has entered into a protocol with more than 30 states to stop shipments to any direct customer that sells products over the Internet.

Objectives for 2006 & 2007

Program Funding

By FY2007, increase support for the Tobacco Control Program to address areas of the program that need to be strengthened in order to achieve significant reductions in smoking prevalence.

Trust Fund

By FY2007, develop a strategy to fund the Tobacco Trust Fund in persuit of a long term, sustainable source of funds for the Tobacco Control Program that is not dependent on the tobacco industry.

Youth Access

By FY2007, promote legislation to establish a minimum age of 18 for selling tobacco in Vermont.

Accessibility of Cessation Treatment

By FY2007, promote legislation to permit minors ages 12 to 17 access to smoking cessation services.

Accessibility of Cessation Treatment

Smoking cessation treatment for youth, as outlined in the Help for Smokers to Quit section, will require a change to the current treatment law for minors. Smoking cessation services for youth are currently available through the school-based N-O-T (Not-On-Tobacco) program or with consent by a parent. A legislation amendment is necessary to allow minors to consent to cessation counseling services that include the Vermont Quit Line and **Ready, Set…STOP** program.

The Vermont Tobacco Control Program has the capacity to implement youth-based and age-appropriate cessation counseling programs within the current infrastructure. Other CDC state partners that include California, Utah, Arizona and North Carolina are currently testing protocols designed for teen quit lines. Additionally, the ACS (which administers the Vermont Quit Line) implemented a telephone protocol in North Carolina aimed at teenagers.

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